Health and Welfare Canada
Santé et Bien-être social Canada

# MENTAL HEALTH FOR CANADIANS:

## STRIKING A BALANCE

Canada

# *MENTAL HEALTH FOR CANADIANS:*

## *STRIKING A BALANCE*

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# Foreword

In November 1986, I had the pleasure of releasing a discussion document entitled *Achieving Health for All: A Framework for Health Promotion*. This document has since been widely distributed, and has become the focus of considerable reflection within the Department of National Health and Welfare, among health service providers and consumers, and in the community at large.

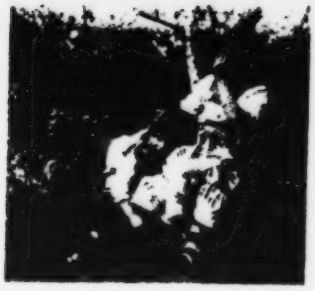
This reflection has made it increasingly evident that, as we seek ways to improve the quality of life of all Canadians, issues related to mental health and mental disorder are of crucial importance. The present document is intended to expand the scope of public discussion of these issues. It introduces a broad definition of mental health, consistent with contemporary health concepts. It discusses the three major health challenges described in *Achieving Health for All*.

In conclusion, it proposes a set of guiding principles to assist Canadians engaged in developing and reviewing mental-health-related policies and programs.

Current thinking about health acknowledges the vital importance of promoting, protecting and restoring mental health. I trust that the ideas presented in this document will help to give mental health a more prominent place on our scale of values, and on our society's agenda for action.

I invite and look forward to your comments.

Jake Epp
Minister of National Health and Welfare



# I INTRODUCTION

The Constitution of the World Health Organization, framed some forty years ago, defined health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". This definition opened new vistas, bringing the mental and social dimensions of health into focus along with the physical, and recognizing that all three were intertwined. The World Health Organization's insistence that health was much more than simply the absence of illness opened the way for reflection and discussion about the more positive features of health and their implications for public policy.

*Achieving Health for All*, a discussion document released by Health and Welfare Canada in 1986, reflects a growing awareness that health must be viewed in terms of our personal and social resources for action. It speaks of health as "a resource which gives people the ability to manage and even to change their surroundings... a basic and dynamic force in our daily lives, influenced by our circumstances, our beliefs, our culture and our social, economic and physical environments." (*Achieving Health for All*, p. 3.)

This is an active concept of health that goes beyond the World Health Organization definition cited above, and accords greater prominence than ever to the mental and social determinants of health. It also impels us to think of health as something experienced not only individually, but collectively. Most significantly perhaps, this new understanding of health dwells less on people's traits as individuals and more on the nature of their interaction with the wider environment. "Environment" in this context is interpreted in its broadest sense, and includes not only our physical

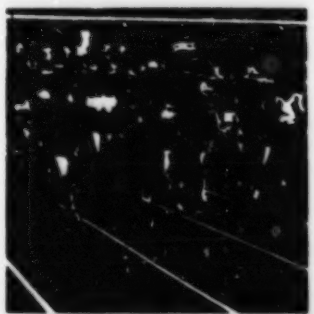
surroundings, both natural and artificial, but also the social, cultural, regulatory and economic conditions and influences that impinge on our everyday lives.

What is disappointing, however, is that ideas and practices concerning mental health and mental disorder have so far failed to keep pace with this emerging vision of health, which so clearly accentuates the importance of mental and social well-being. In order to ensure that this broader understanding of health is reflected in programs and policies, those who are concerned with mental health issues need to act together in a number of areas:

- We must agree upon a broad, positive concept of mental health, one that encourages active involvement in mental health issues, not only by the health and social service networks, but also by Canadians in general.
- We must look critically at how our society currently allocates its resources and its attention to mental and physical health respectively.
- We must find ways to realize our ideal of providing sufficient and appropriate care within our communities for persons with mental disorders.
- We must facilitate and encourage initiatives aimed at promoting mental health and preventing mental illness, while also maintaining our commitment to the treatment of mental disorders.

This paper proposes a set of ideas that are designed to expand our present understanding of mental health. It presents for national discussion a new, positive definition of mental health, and examines the three major health challenges identified in *Achieving Health for All* from a mental health perspective. It also offers a set of guiding principles for use in developing, reviewing and implementing mental-health-related policies and programs.

Mental health has profound implications for every aspect of human existence. It is not a narrow field, of concern to professionals only; every member of society has a stake in mental health issues, and a contribution to make. The promotion of mental health in Canada is a challenge that needs to be addressed on many levels, employing a diversity of talents, resources and strategies. This requires that we reconcile and coordinate different approaches, and expand areas of common understanding.



# II DEFINING MENTAL HEALTH

## The Rationale

There is at present no widely accepted definition of mental health. A clear, comprehensive, flexible definition would undoubtedly help to fashion creative, effective programs and policies in the field. Such a definition would illuminate the goals of mental health promotion and mental health services. Moreover, it would help to define more accurately the roles of various agents - professionals, non-professionals, community groups and national organizations alike - in promoting the mental health of all Canadians. With a well-delineated concept of mental health, we would be better placed to rank issues in order of their priority, articulate problems more precisely, design more effective strategies, and allocate available resources more appropriately and effectively.

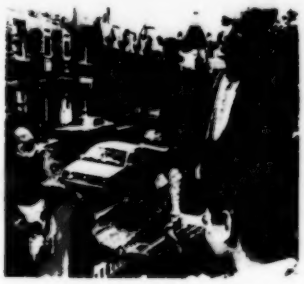
## Towards a Broader Focus

Much of what we know about mental health actually comes from the study and treatment of mental disorder. Past attempts to define mental health have usually focused on the psychological and behavioural characteristics of individual people, rather than on conditions in society as a whole. In much the same way, most of the services, programs, laws and professions that have to do with "mental health" are really oriented towards dealing with mental disorder. In these circumstances, it is easy to understand how mental health has come to be viewed simply as freedom from psychiatric symptoms, or the absence of mental disorder.

In the past few decades there have been significant developments in our thinking about mental health. They have arisen from a growing community mental health movement and a body of social science research that places increasing importance on the ability of external forces and events to influence individual mental health. Social and economic situations, family and other relationships, the physical and organizational environment - all are plainly recognized as contributing factors. As a result, current concepts of mental health reflect a number of themes:

- psychological and social harmony and integration;
- quality of life and general well-being;
- self-actualization and growth;
- effective personal adaptation; and
- the mutual influences of the individual, the group and the environment.

The essential role of physiological processes (and, in particular, brain function) in all mental life has become more and more evident. It is obvious that human biology and human experience interact continually in shaping mental life.



Mental life has been described by the World Health Organization as "inner experience linked to interpersonal group experience" (*Social Dimensions of Mental Health*, W.H.O., 1981, p.5). This phrase sums up a range of human experiences traditionally associated with the life of the mind. It also clearly brings interpersonal behaviour and communication into the realm of mental life.

We may speak of mental life as combining experience of three kinds: cognitive experience, affective experience and relational experience. Activities such as perceiving the world around us, learning new things, remembering past experience, and using reason and imagination fall into the category of cognitive experience. The term affective experience, on the other hand, includes the full range of human moods, feelings and emotions. By relational experience we mean the ways in which people interact with one another or with their environment; this encompasses most human behaviour, including communication. We may also speak of skills and abilities as being cognitive, affective or relational in character.

Traditional notions of mental health have emphasized the ability of individuals to adapt their thoughts, feelings and behaviour to the demands of the environment. Yet, when *Achieving Health for All* refers to health as a resource, it is not alluding only to the strengths and abilities of the individual, but also to the responsiveness of the environment to individual and group action. Ideally, therefore, mental health should be defined in such a way as to mirror this more broadly drawn, interactive concept of health.

## The Definition

We have seen that mental life embraces both inner experience and interpersonal group experience. Our interactions with others take place within a framework of societal values; therefore, any definition of mental health must necessarily reflect the kind of people we think we should be, the goals we consider desirable, and the type of society we aspire to live in. We cannot isolate our ideas about mental health from such wider social values as the desire for equality among people, the free pursuit of legitimate individual and collective goals, and the equitable distribution and exercise of power.

It is from this perspective that the following "interactive" definition of mental health has been developed:

**Mental health is the capacity of the individual, the group and the environment to interact with one another in ways that promote subjective well-being, the optimal development and use of mental abilities (cognitive, affective and relational), the achievement of individual and collective goals consistent with justice and the attainment and preservation of conditions of fundamental equality.**

In this definition, mental health obviously moves into the realm of the relationship between the individual, the group and the environment. No longer is mental health conceived of as an individual trait, such as physical fitness; rather, it is regarded as a resource consisting of the energy, strengths and abilities of the individual interacting effectively with those of the group and with opportunities and influences in the environment.

This conceptualization leads to certain conclusions about the factors that can enhance or weaken mental health. For example, mental health is certainly improved in the following circumstances:

- when the social and legal environments uphold human rights and restrain destructive behaviour;
- when a group acts to support an individual, or to create environmental conditions that are conducive to health;
- when individuals acquire skills and resources that enable them to meet personal needs, contribute to communal life, and improve the environment.

This dynamic, interactive definition of mental health reflects the inherently social nature of human experience, and the fact that individuals, groups and environments continually influence and are influenced by one another. Given this continual interaction, it seems natural for the definition to affirm certain values of society, namely those of human equality, justice, freedom of choice and social responsibility. The equitable distribution and exercise of power (in particular the power to modify one's own environment to permit healthy development) is clearly a crucial factor in mental health.

Whatever makes it difficult for the individual, the group and the environment to interact effectively and justly (for example, poverty, prejudice or poor coordination of resources) is a threat or barrier to mental health.

A key feature of this new definition is that it does not define mental health in terms of the presence or absence of mental disorder, nor does it imply that mental health and mental disorder are simply opposite poles on a single continuum.

## Mental Disorder

Where, then, does mental disorder fit into this picture, and how does it relate to the expanded concept of mental health?

As a first step, let us distinguish "mental disorder" from "mental health problem". A mental disorder may be defined as a recognized, medically diagnosable illness that results in the significant impairment of an individual's cognitive, affective or relational abilities. Mental disorders result from biological, developmental and/or psychosocial factors, and can - in principle, at least - be managed using approaches comparable to those applied to physical disease (that is, prevention, diagnosis, treatment and rehabilitation).

A mental health problem, on the other hand, is a disruption in the interactions between the individual, the group and the environment. Such a disruption may result from factors within the individual, including physical or mental illness, or inadequate coping skills. It may also spring from external causes, such as the existence of harsh environmental conditions, unjust social structures, or tensions within the family or community. An effective response to mental health problems must therefore address a broader range of factors.

Our understanding of the underlying causes and processes involved in many of the major mental disorders is actually quite limited; schizophrenia, Alzheimer's disease and manic-depressive disorder come to mind as examples. We may not even know for certain if a particular cluster of symptoms is associated with one disease or several. Sometimes there are few reliable, objective ways of confirming a diagnosis or measuring a patient's progress. As a natural consequence, treatment and management options are often far less clear-cut than they are for many physical illnesses.

Like a physical illness, a mental disorder can affect a person's overall quality of life in ways that extend far beyond the clinical symptoms. It is not always easy to separate the effects of the disorder itself from broader mental health problems originating in the individual's relationship with the group and the environment. For example, dependence, passivity and withdrawal - some of the "symptoms" common among long-term residents of the old psychiatric institutions - came to be recognized as at least partly the result of living in an institutional environment.

The crucial point here is that mental disorder, even when serious and chronic, is never the only factor determining mental health - it is but a single element within a much larger set of interconnected factors, all of which need to be addressed in a comprehensive, coordinated manner.

In the new definition, individual strengths, collective energies and environmental resources interact to produce mental health. Mental disorder may be regarded as one of several possible obstacles to this process. Other obstacles might include physical illness, poverty or discriminatory social attitudes.

Another way of picturing the relationship between mental health and mental disorder is to view each as belonging on a separate line or continuum. On the mental disorder continuum, one end point would be extreme severity of symptoms (distress and impairment), and the other would be a complete absence of symptoms or effects (see Figure 1). Between these two would lie a range of different situations in which symptoms of mental disorder would be present to varying degrees.

For example, someone with untreated manic-depressive disorder (bipolar disorder) may experience extreme distress and impairment: severely depressed mood, slowed thinking, decreased energy and appetite, sleep disturbance and even delusions. With these symptoms at their worst, the individual's situation would be represented by a point near one end of the continuum. The natural course of this illness, as well as successful treatment, can produce changes in the intensity of symptoms. Any reduction in intensity would be expressed as a movement towards the other end of the continuum. If the underlying disease process were to be permanently corrected, movement towards an absence of symptoms or effects would be complete.

On the mental health continuum, the two poles would be optimal mental health and poor mental health, respectively (see Figure 2). The former is a situation in which the respective demands and contributions of the individual, the group and the environment are balanced in such a way that they support the values and objectives expressed in the definition of mental health. Poor mental health is a situation in which the respective demands and contributions of the individual, the group and the environment are in a state of harmful imbalance.

Returning to our example of the person with manic-depressive disorder, we know treatment is but one factor involved in improving this individual's mental health. Even when

Figure 1: Mental Disorder Continuum

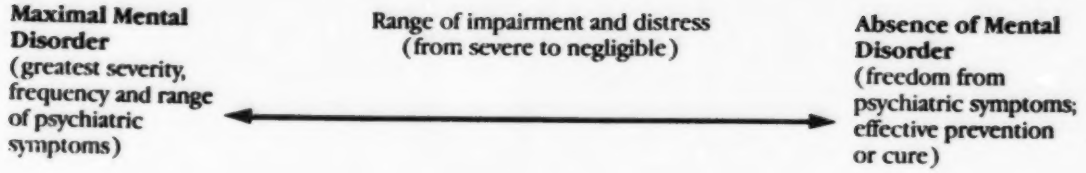
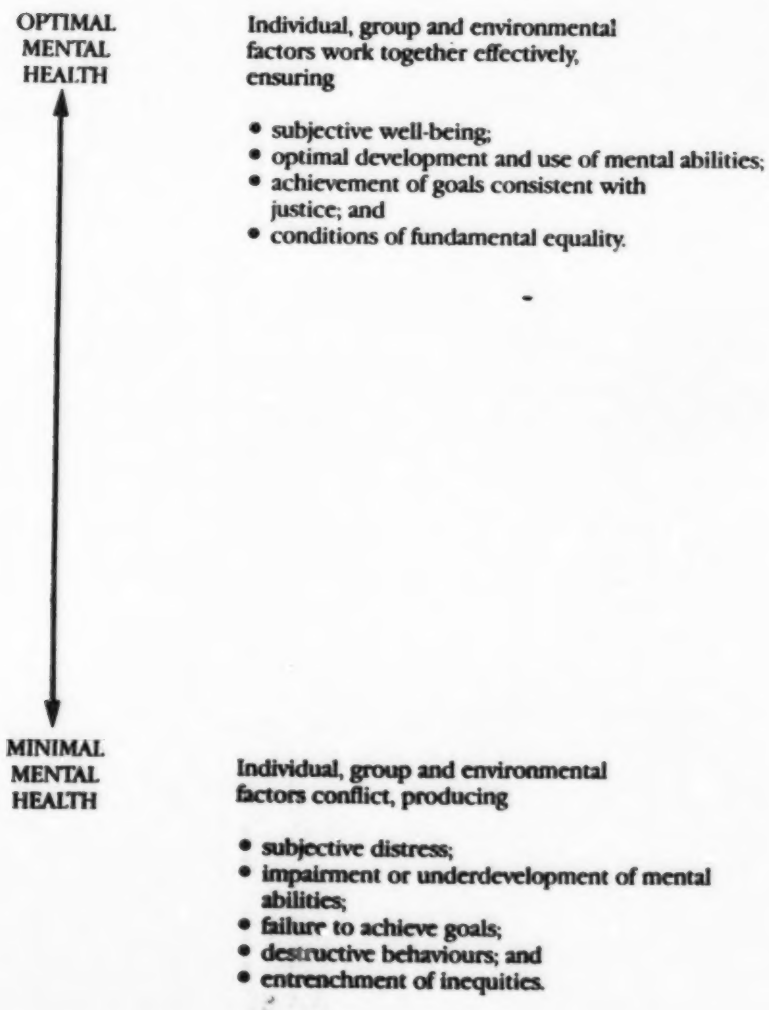

Maximal Mental Disorder
(greatest severity, frequency and range of psychiatric symptoms)
Range of impairment and distress
(from severe to negligible)
Absence of Mental Disorder
(freedom from psychiatric symptoms; effective prevention or cure)

Figure 2: Mental Health Continuum


OPTIMAL MENTAL HEALTH
Individual, group and environmental factors work together effectively, ensuring
• subjective well-being;
• optimal development and use of mental abilities;
• achievement of goals consistent with justice; and
• conditions of fundamental equality.
MINIMAL MENTAL HEALTH
Individual, group and environmental factors conflict, producing
• subjective distress;
• impairment or underdevelopment of mental abilities;
• failure to achieve goals;
• destructive behaviours; and
• entrenchment of inequities.

the symptoms of the disorder are controlled by medication, it is possible for the individual to be in poor mental health. The reasons for this may include:

- rejection by friends, family or workmates;
- the stigma of mental illness;
- inability to find or keep suitable employment;
- lack of appropriate and affordable housing;
- lack of social, recreational or educational opportunities;
- experiences of discrimination; and
- lack of needed information and coping skills.

Apart from their illness-related needs, people with mental disorders have the same range of mental health needs and aspirations as anyone else. The process of achieving mental health is the same for everyone - it involves removing or reducing obstacles that prevent the individual, the group and the environment from interacting in fruitful ways.

What this means is that it is quite possible for someone to have a mental disorder and still enjoy a considerable degree of mental health. Take the example of a person with schizophrenia whose symptoms are controlled or in remission. The mental health of such an individual would be enhanced under certain conditions, including

- adequate shelter and income,
- a nurturing, accepting setting that supports personal growth and development, and
- opportunities to have meaningful social roles.

The important point here is that positive or negative influences can be exerted on mental health, whether the individual is mentally ill or not. Neither the presence nor the absence of psychiatric symptoms removes society's responsibility to foster a healthy interactive process. In order to carry out this responsibility, we must be sensitive to the web of relationships that determine mental health, and work together to ensure that all Canadians enjoy the conditions necessary to a healthy mental life.

## Implications of the New Definition

Thinking about mental health and mental disorder in this way has several advantages. First, it offers hope for people with chronic mental disorders. It provides a rationale for concerted action by these individuals, and on their behalf, even in the absence of technology to cure their disorders. It also constitutes a call for solidarity with mentally ill persons, by emphasizing how many needs and aspirations all Canadians have in common. Very importantly, it invites a broader range of strategies to address the mental health goals and problems faced by the population as a whole, and it liberates us from defining these goals and problems solely in terms of psychiatric symptoms.

It is quite true that, in many instances, we still lack the knowledge to say which mental health problems have a mental disorder component and which do not. We can, however, strive to ensure that our policies deliberately support the promotion and protection of mental health as well as the prevention and management of mental disorder. We can also increase our collaboration in dealing with issues of mental health and mental disorder, across all jurisdictions. Finally, we can seek new ways of bridging the gaps between mental-health-oriented and mental-illness-oriented approaches.

The concepts proposed here reflect the historical expansion of the mental health field to include social concerns as well as medical and psychological issues; prevention and promotion as well as treatment. By acknowledging that the distribution of power among individuals, groups and their environments is a crucial determinant of mental health, the proposed definition adds a significant dimension to earlier models. It emphasizes the importance of acting towards individual and collective goals, and reaffirms values of justice and equality.

In drawing a clear distinction between mental health and mental illness, the intent is not to divide the users (or the providers) of services into mutually exclusive groups. Rather, it is to encourage approaches whereby mental health promotion activities can take their place alongside and reinforce prevention, treatment and rehabilitation efforts. Only by recognizing the importance and interaction of these two areas of endeavour can we avoid the two "blind alleys" of the mental health policy debate: exclusive reliance on medical treatment technologies on the one hand, and anti-professionalism and exclusive reliance on individual initiative or volunteer action on the other.

The approach presented here underlines the conviction that neither professionals nor volunteers acting on their own can resolve the complex issues confronting the mental health field.

What we need is breadth of vision and a willingness to learn from one another in a spirit of partnership.

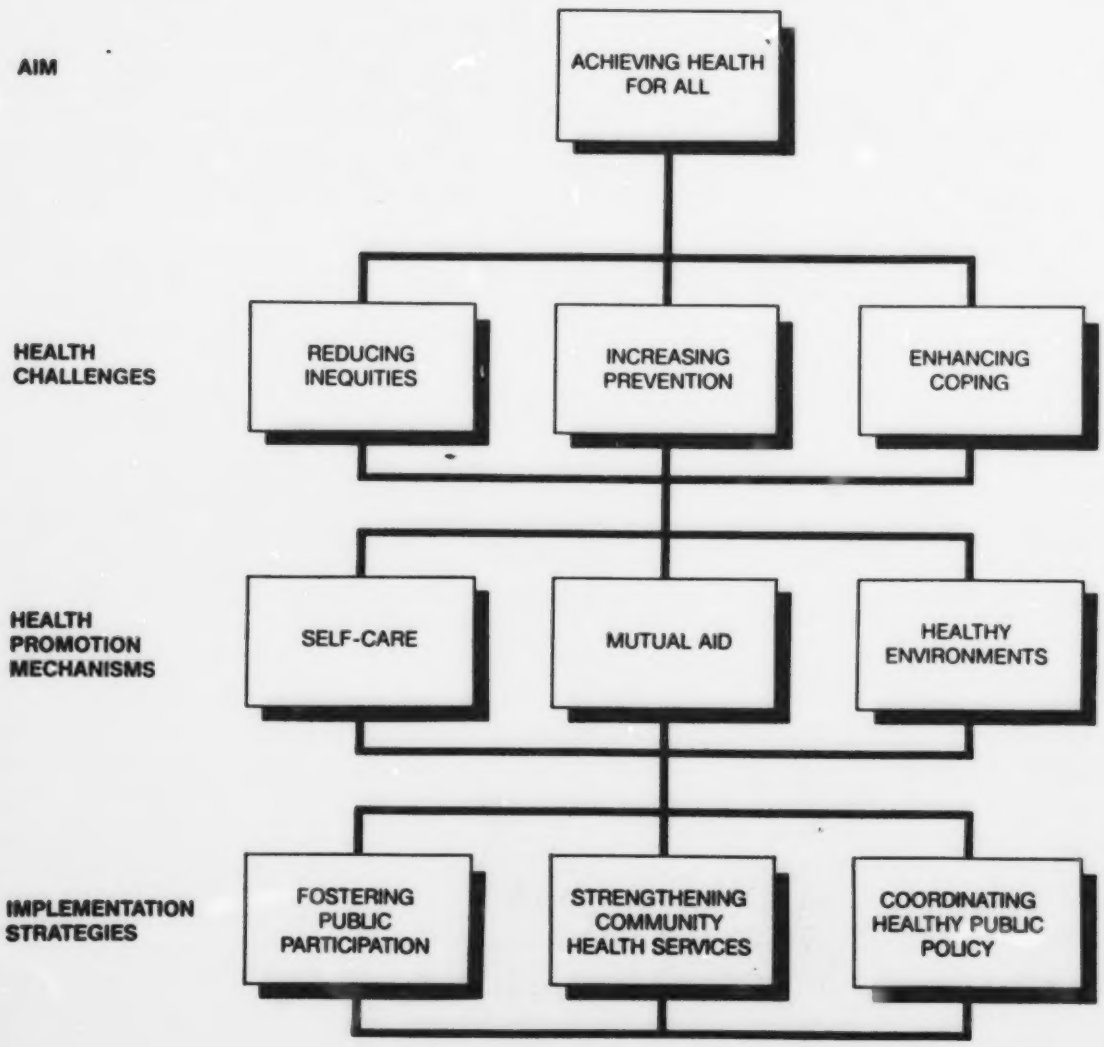
# III CHALLENGES IN MENTAL HEALTH

## Achieving Health for All

*Achieving Health for All:* A Framework for Health Promotion, Health and Welfare Canada's 1986 discussion paper, builds on a body of earlier work. This includes A New Perspective on the Health of Canadians (Health and Welfare Canada, 1974) and, more recently, the World Health Organization's Global Strategy for "Health for All by the Year 2000". The former document proposed the "health field concept", a way of viewing health as a product of interactions between the environment, lifestyle, human biology and health care organization. Taking this notion of health as its starting point, *Achieving Health for All* proposed a Framework for Health Promotion that is built around three central challenges, namely, reducing inequities, increasing prevention and enhancing coping (see Figure 3).

In this section, the health promotion framework will be used as a tool to review briefly current mental health challenges and potential responses. The implications of each challenge will be examined, first from a mental health perspective, then from the standpoint of mental disorder. For each challenge, the broad areas of action that are indicated will be summarized.

# A FRAMEWORK FOR HEALTH PROMOTION




(Source: *Achieving Health for All: A Framework for Health Promotion*, Health and Welfare Canada, 1986.)

**Challenge:**
## Reducing Inequities

### *Mental Health Continuum*

Poverty is a classic example of a social condition that contributes to "mental health problems". Not only can poverty limit a person's capacity to alter the environment, but it can also inhibit the full use of his or her mental and behavioural abilities. Moreover, poverty can interfere in countless ways with the attainment of individual and community goals, and with the exercise of human rights.

Income is by no means the only factor that is associated with inequities in mental health. Education, age, sex, physical or mental disability, geographic location and ethnic background are others. For instance, different communities have different suicide rates, and available data suggest that, apart from disparities in income, factors such as geographic, social or cultural isolation are also involved. Indeed, many features of modern society feed into mental health problems and bear directly on the incidence of such things as family violence, anxiety, family breakdown, juvenile crime and substance abuse.

### *Mental Disorder Continuum*

What are the implications of this challenge from a mental disorder perspective? There appears to be an association between economic deprivation and increased rates of mental illness. Even when mental disorder springs from other causes (genetic vulnerability or birth injury, for example) it seems that factors associated with income level can aggravate the situation, by triggering, worsening or prolonging the symptoms. If one is mentally ill, it certainly doesn't help to be poorly fed, clothed and housed.

The uneven distribution of accidents, stresses and environmental pollutants (for example, lead in automobile exhaust) may also play a role in the unequal incidence of various mental disorders and disabilities. Moreover, geographic, cultural or educational factors can hinder equitable access to treatment and support services. And we all know of instances in which community attitudes, and even municipal by-laws, have acted to deny mentally ill or mentally disabled people a place in the life of a neighbourhood.

## *Areas for Action*

If we are to make progress in reducing inequities, we obviously need to have a better understanding of the distribution, causes and risk factors associated with common mental disorders and mental health problems. Not only must we find better ways of sharing the information that is already available, but the research effort must also be intensified. In particular, the body of knowledge concerning the nature and causes of good mental health must be expanded. We need to know, for example, what resources, abilities and opportunities make decisive contributions to people's mental health.

Because of the large number of factors involved, we cannot hope to reduce inequities without achieving better coordination of the policies, programs and objectives of a multiplicity of agencies and organizations, and at many levels. It is also vital to ensure that a mental health perspective is brought to bear on all the major issues confronting our society.

Providing a legal context in which people's human rights are protected can serve to nurture mental health in groups beleaguered by discrimination. The frustration, isolation and alienation they experience can only be overcome by wholehearted, sustained efforts in every community to respect and defend people's rights as human beings. This may mean more than merely prohibiting discrimination. It may mean establishing programs and policies of affirmative action to counteract the influence of deeply rooted inequities.

As inequities are eliminated, people's empowerment grows. One of the three strategies that *Achieving Health for All* proposes for promoting health is "fostering public participation". What this means, in essence, is giving a greater voice to those who, for such reasons as age, sex, socio-economic status, disability or ethnicity, have historically had little or no say in shaping the policies and systems that affect their lives. An effective way of empowering disadvantaged individuals and groups can be to encourage involvement in mutual-aid, community-development and other grass-roots processes that enable people to work collectively to identify and deal with common concerns.

**Challenge:**
## Increasing Prevention

The idea of warding off disorders and maladjustments before they can take hold has obvious appeal; indeed, preventive measures have proven to be remarkably effective in the field of physical health, where causes and risk factors are less difficult to pinpoint. However, in the mental health field, prevention (both as a concept and as a practice) is not as well developed, and it remains the subject of some controversy. Nevertheless, the knowledge base for prevention is growing, as is public and professional support for this essential ingredient of mental health policy.

### *Mental Health Continuum*

While moving towards positive goals is the principal task of mental health promotion, it is also important to identify and prevent mental health problems. A mental health problem can be described in general terms as a stressful imbalance among the respective demands and resources of the individual, the group and the environment. This imbalance results in ineffective, distressful or destructive patterns of thought, mood or behaviour; it may also manifest itself indirectly through physical ailments. A sound preventive approach does not focus narrowly on particular symptoms, but seeks to get at the underlying imbalances. When low self-esteem, anxiety, drug abuse or wife battering are present, it is more instructive to regard them as indications of larger, more complex problems in the interaction between the individual, the family and the community than as problems occurring in isolation within individuals.

Examples abound of people who face greater-than-average demands and stresses in their daily lives. They include individuals with learning disabilities; those with chronic diseases and their family caregivers; victims of physical or sexual abuse; socially or geographically isolated groups; and those whose social, economic and/or educational status is precarious. We can be confident that measures designed both to strengthen the individual and to modify the environment have the best potential to reduce the risk of mental health problems.

### *Mental Disorder Continuum*

What are the implications for mental disorder of the prevention challenge?

Once we understand what causes a mental disorder - indeed, if we can grasp even part of the underlying process - we can work to develop effective preventive strategies. For example, we know that some mental disorders can be traced to particular physical causes, such as exposure to a toxic substance, a genetic process, a nutritional deficiency, an injury, an infectious agent or a general systemic (physical) illness.

Mental disorders of this kind respond more readily to a public health approach, in which knowledge of the natural history of a disease enables an effective method and timetable for prevention to be worked out. Unfortunately, however, we do not understand the causes of most mental disorders well enough to be able to come up with promising primary prevention strategies. Two of the most devastating disorders, schizophrenia and Alzheimer's disease, fall into this category; there is strong evidence that biological processes in the brain are crucial in accounting for these disorders, though the exact nature of those processes has not yet been unravelled.

Workers in this field now recognize that many factors, both biological and psychosocial, probably play an important part in triggering or compounding mental disorders. As our knowledge and understanding of such factors increase, so too will the possibilities for prevention. In the meantime, we must concentrate our efforts on averting the negative consequences that can arise from having a mental disorder, and on preventing the occurrence of mental health problems.

### *Areas for Action*

In order to ensure that prevention receives proper recognition in the mental health field, we must commit ourselves to generating new knowledge, as well as to coordinating and applying what we already know about this subject. Where mental disorder is concerned, the emphasis must be on research into causal or contributing processes that can be corrected or avoided. Prevention of mental health problems must build upon experience and research in many fields.

Many preventive programs in mental health are currently geared to helping individuals adapt in positive ways to environmental demands. The teaching of stress management skills is one example. Programs aimed at helping people to make healthy choices appear to succeed best when they include dialogue and discussion, and when they address not only individual behaviour, but the environmental conditions influencing it. In many cases, it is the environment, not the individual, that is most in need of change.

Nothing short of a comprehensive approach can prevent the development of destructive patterns of thought and behaviour that have their roots in social injustice, disorganization or isolation, or in the loss of familiar values and roles. Making available basic physical and psychosocial resources and working to remove environmental threats to mental health will be key elements of any such approach.

## Challenge: Enhancing Coping

*Achieving Health for All* highlights a third major health challenge: "to enhance people's ability to manage and cope with chronic conditions, disabilities and mental health problems" (AHFA, p.5).

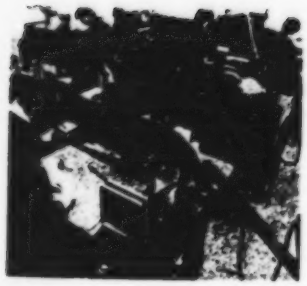
Far from being a synonym for "quiet endurance," coping is a positive, active process that is an essential ingredient of mental health. It means coming to grips with a situation, proving oneself a match for a task or challenge. We cope not only as individuals, but as families and communities.

### *Mental Health Continuum*

From a mental health perspective, enhancing coping has four dimensions. The first has to do with equipping individuals, families and communities to cope effectively with developmental change - that is, with various foreseeable tasks and transitions that will face them during their lives. Transitions that challenge coping skills include physical changes such as those associated with puberty and aging; role changes, such as beginning school, taking or leaving a job, and starting a family; and community transitions such as technological change, economic advances and setbacks, and growing cultural diversity.

Physical disorders or disabilities also present enormous challenges; in its second sense, enhancing coping means strengthening people's individual and collective capacity to deal with such challenges. The interdependence of physical and mental health means that physical treatment and rehabilitation must go hand in hand with measures to safeguard and support the individual's mental health. People who have physical disorders or disabilities may experience extraordinary psychosocial stresses and our health and social services systems must be prepared to respond to their mental health needs.

Thirdly, ineffective, distressing or destructive patterns of thought or behaviour - such as chronic anxiety, heavy alcohol or drug use, and family violence - are a daily reality for large numbers of Canadians. We need to enhance people's ability to come to grips with these problems.



### *Mental Disorder Continuum*

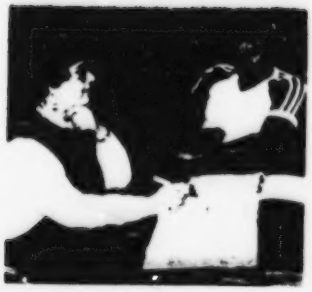
The fourth dimension of enhancing coping concerns mental disorders and mental disabilities, especially those that are chronic. Chronic disorders and disabilities that affect cognition, mood and/or behaviour are common in all age groups. Among the conditions that pose the greatest challenge to the coping resources of affected individuals and their families are schizophrenia, manic-depressive disorder, dementia, brain injury and mental retardation. These disabilities and disorders also challenge the coping strategies and resources of every community in Canada. In its fourth sense, enhancing coping requires that we support and reinforce the efforts of family caregivers and health professionals, by putting in place a broad range of practical and psychosocial resources that they can count on.

As chief caregivers of the chronically ill and principal "health promoters" for their members, families (and, in particular, women) need more recognition and support for their tasks. At a certain point, family responsibility becomes society's responsibility, and caregivers need to be assured that they will not be expected to shoulder limitless burdens.

### *Areas for Action*

Enhancing people's capacity to cope both individually and collectively means committing a greater share of resources to community development and community-based programs and services. It also means encouraging professionals in all human service fields to anticipate and ease difficult transitions in their clients' lives. To enhance coping means creating a climate that supports interdisciplinary action and advocacy for needed environmental change; it implies the development of coordinated policies that support people's efforts to cope.

In summary, there must be a concerted effort by all segments of Canadian society to come to grips with conditions that give rise to excessive stress and undermine mental health. We must prevent them from interfering with healthy individual or community development, and from imposing unmanageable burdens on chronically ill people and their caregivers.



# IV GUIDING PRINCIPLES

"To the extent that there are in place policies and practices which support the concept of health promotion, these tend to be implicit rather than explicit... In our view, it is time to articulate clearly a direction which is designed expressly to promote the health of Canadians."

*Achieving Health for All*, p. 9

*Achieving Health for All* has provided inspiration for a positive, interactive definition of mental health and for looking anew at the relationship between mental health and mental disorder. This in turn has provided an opportunity to explore the mental health implications of the three challenges in *Achieving Health for All*. During this process, several essential ideas have emerged which can be seen as guiding principles for the development of public policies that support mental health. Consistent reference to these principles will foster greater coherence, integrity and continuity in mental-health-related policies and programs. It will also serve to reinforce and make explicit Canada's commitment to the promotion of mental health.

The seven guiding principles we will discuss deal with a range of concerns: human rights and citizenship, mutual aid and volentary service, consumer participation, professional participation, the strengthening of communities, knowledge development and policy coordination. It is hoped that these principles will be widely discussed and used by all agencies, groups and individuals in Canada that have an interest in the mental health issues facing our country.

## Human Rights and Citizenship

**All Canadians have equal rights to participate in Canadian society, including the right to health and social services, education, employment, housing and recreation, and the right to be protected by the law.**

Mental health can no longer be considered in isolation from the principle that all people have certain fundamental human rights, and that membership in our society confers on all Canadians certain rights, roles and responsibilities. The freedom to exercise rights and assume appropriate roles and responsibilities is inherently linked to the mentally healthy functioning of individuals and communities. The new definition of mental health fosters awareness of this relationship.

An approach to mental health promotion which incorporates this first principle is far more likely to be effective in reducing inequities, increasing prevention and enhancing individual and collective coping. Social attitudes or structures that deny people their rights on the basis of such factors as ethnicity, age, sex, creed or disability are inimical to mental health. It is especially important to recognize and uphold the human rights and full citizenship of persons with mental disorders or disabilities. These individuals frequently fall victim to deeply ingrained prejudices and discriminatory practices. Canada subscribes to an impressive array of human rights affirmations, from the Universal Declaration of Human Rights to the Canadian Charter of Rights and Freedoms. Yet, applying the principle of equal rights involves more than just affirming it on paper; it means taking active steps against discrimination and stigma; it means rooting out of our attitudes and social structures the inclination to exclude and disenfranchise persons

with mental disorders or disabilities, to presume incompetence and to focus on deficiency. Above all, it means going beyond the mere prohibition of discrimination, by creating real opportunities for individuals with mental disorders or disabilities to exercise their rights, and to assume their roles and responsibilities as human beings and as citizens.

Society has begun to take concrete steps to ensure that physically disabled people have better access to buildings, services, jobs, transportation, education and information. Persons whose impairment is mental have the same rights and deserve the same attention.

There may be certain extreme instances in which mental disorder itself inhibits the effective exercise of particular rights. When this occurs, society has an obvious responsibility to exercise those rights temporarily on the individual's behalf. However, any such intrusion into the normal exercise of a person's rights is a matter of considerable gravity, and must be subject to strict controls and scrutiny. The first priority must always be to restore the individual as quickly as possible to the full exercise of all rights and responsibilities.

Most importantly, our communities and our health care and social service systems should not allow interventions of this kind to lead to a climate in which the human rights and citizenship of Canadians with mental disorders or disabilities are unthinkingly infringed upon or discounted.

## Mutual Aid and Voluntary Service

**The support and assistance that members of a community freely give to one another is an essential component of mental health promotion and mental health services.**

*In Achieving Health for All,* mutual aid is presented as a key health promotion mechanism. The document speaks of "people's efforts to deal with their health concerns by working together". Mutual aid, it says, "implies people helping each other, supporting each other emotionally, and sharing ideas, information and experiences" (*Achieving Health for All,* p. 7).

The informal assistance and support that individuals offer to one another takes many forms. For example, people may give and receive help within families and neighbourhoods; they may join mutual aid groups structured in different ways and built around various issues; or they may take part in more traditional voluntary activities organized by community agencies.

The concept of mutual aid builds upon people's ability to define and address the problems they share, to pool resources, and to take advantage of common opportunities. Individual powerlessness gives way to collective strength; individual insight and energy at once enrich, and are enriched by, the group process.

The mental health field abounds with examples of mutual aid groups. One of the most effective has been Alcoholics Anonymous. The recent growth of support groups for Alzheimer caregivers and advocacy groups made up of former psychiatric patients also attests to the value and effectiveness of mutual aid.

There has been a long tradition of voluntary service in the field of mental health. Through voluntary activity, citizens take part in community affairs and service, and become attuned to the needs of the different groups and segments of society. Volunteerism encourages the growth of a concerned community spirit and can be a powerful force in community development. Everyone benefits - volunteers, the service system and society as a whole.

Voluntary organizations can perform a variety of crucial functions in the mental health field: these include anticipating and responding early to community needs; collaborating with the health and social service systems; raising public awareness; advocating for change; promoting tolerant attitudes and lifestyles that are mentally healthy; and offering emotional and practical support of a kind that the more formal services cannot provide. To help such organizations make an effective contribution to mental health, governments must continue to provide technical and financial support for their infrastructures.

Applying the principle of mutual aid and voluntary service means examining and confronting those attitudes and procedures that make it difficult for the formal mental health system (institutions, agencies and professions) to work with mutual aid groups and voluntary services towards common goals.

## Consumer Participation

**Mental health services and health promotion activities are strengthened when those whom they are intended to benefit participate in their design and implementation.**

The values which shape our understanding of mental health have to do with self-determination rather than paternalism, autonomy and mutual support rather than passivity or dependence, and "working with" rather than "doing for". Adhering to the principle of consumer participation means supporting policies and approaches that enable people to gain greater control over the factors and conditions that influence their mental health. This is a principle of empowerment, which is central to *Achieving Health for All* and which lies at the heart of the health promotion process. It is also fundamental to many of the other guiding principles articulated in this document.

In practical terms, ensuring consumer participation means removing obstacles that prevent users from playing a meaningful role in designing and implementing mental health programs and services. "Users" or "consumers" include all members of the community who stand to benefit from a program or a service: individuals with mental disorders or disabilities, those in "high-risk" groups, caregivers and, depending on the circumstances, members of the general public.

While professional expertise and access to appropriate scientific information are vital to the planning process, prospective consumers must also have a key role in defining their wants and needs and deciding how these may best be met. There should be nothing token about consumer participation. As understood here, it means playing an active part in decision making and not merely being relegated to some indirect, unspecified advisory role.

Thus construed, consumer participation has many benefits:

- It puts into practice basic principles of democracy, such as those of self-determination and respect for differences.
- It helps service agencies and programs to focus on their clients' real concerns, making better solutions possible.
- It puts the knowledge, skills and energies of consumers to constructive use.
- It heightens community awareness and understanding of mental health issues.
- It imbues consumers with a sense of pride in the fact that their participation is valued.

The principle of consumer participation upholds the ideal of empowering not only the mentally ill, but all Canadians working towards the achievement of mental health.

## Professional Participation

**The delivery of mental health services and the promotion of mental health are strengthened when professionals bring to these tasks not only their specialized knowledge and skills but also an openness to collaborative approaches, and a breadth of vision concerning the overall needs of individuals and communities.**

Psychiatrists, psychologists, social workers, nurses, occupational therapists and other mental health professionals have played a central role in the development of Canada's mental health services. With the advent of expanded definitions of health and mental health, their contribution will become more important than ever.

Contemporary thinking challenges mental health professionals to respond to mental health issues in several ways: for example, by increasing their participation in interdisciplinary study and action, stepping up their community outreach activities, participating in the process of knowledge development and advocating for positive environmental change. It invites professionals to encourage and support approaches that enable consumers to play an integral part in the design and delivery of mental health services and mental health promotion programs. Already, many mental health professionals are working to remove structural and attitudinal impediments to this process.

The principle of professional participation calls for the most effective use of specialized knowledge within a broad process of partnership and innovation.

## Strengthening Communities

**A community's capacity to promote mental health and to provide care for persons with mental disorders or disabilities is strengthened by a balanced allocation of resources, by removing obstacles to community-based programs, and by building consensus regarding the values and strategies that should govern mental health policy.**

For over twenty years, the mental health field has been moving towards a community-based approach, both in promoting mental health and in caring for persons with mental disorders. Community mental health centres (some with outpatient clinics) are becoming increasingly familiar. At the same time, the long-term institutionalization of chronic psychiatric patients is becoming largely a thing of the past. Many community agencies and associations are now able to offer increasingly sophisticated mental health promotion programs.

Even so, there is no broad consensus on what ingredients are essential to a comprehensive system of community mental health care and promotion. Thus deinstitutionalization has rarely been followed through in a consistent and logical way. The closing of hospital beds has seldom been offset by a corresponding strengthening of community resources.

Historically, financial resources have been allocated primarily to institutional services rather than community care. The emphasis has been on treatment, and relatively scant attention has been paid to prevention or mental health promotion activities. One effect of this is that some psychiatric patients who have been diverted or discharged from inpatient care face a life of deprivation, danger and neglect. Some are homeless, or live in social isolation and squalor. Many are forced to rely on family caregivers who themselves have little or no access to respite or other kinds of support. Meanwhile, opportunities for promoting mental health and providing community mental health care are going largely unexploited.

Adopting the principle of strengthening communities means achieving a more balanced allocation of resources, so that communities can build their capacity to promote mental health, assist individuals who have mental disorders and support their caregivers. Very importantly, it means being prepared to modify existing systems and policies (be they legal, professional, organizational, fiscal or informational) if they impede the effective allocation of resources within communities. Part of this process is the gradual achievement of community consensus on the values, principles and strategies that should govern community mental health policy.

## Knowledge Development

**Progress in the promotion of mental health and the prevention and treatment of mental disorders depends on increasing, integrating and sharing relevant knowledge from many fields.**

Research has already uncovered a great deal about the factors that influence both mental health and mental disorder. A surprising number of fields and disciplines - from psychology to architecture, and from biophysics to sociology - have contributed to the pool of relevant information. Adopting knowledge development as a principle means both supporting mental-health-related research in a variety of fields and applying what we already know across the full spectrum of mental health programs and services.

A great deal of the knowledge that we do have remains in a "raw" state. It has not been widely shared or interpreted, combined with other relevant bodies of knowledge, or applied creatively to the challenges we face. Knowledge generated by the mental health field has tended to stay within the field; likewise, relevant knowledge from other areas of endeavour has not been fully exploited by the mental health field.

Planners and administrators need to see program-related research not as a "frill" or luxury, or even as merely an internal exercise in program accountability, but as an essential element in the development of knowledge. Researchers need to identify and address the crucial gaps in what we already know. Both groups need to find ways of working together to ensure that the best available knowledge is brought to bear on important challenges.

## Policy Coordination

**Mental health is a major public health issue that requires coordinated policy and program responses from all sectors of society.**

Throughout this document, mental health has been portrayed as a major subject for concern with wide-ranging implications. It is only logical, then, that society's response to mental health challenges should reflect the magnitude and breadth of the issue. More effective and broadly based solutions will only come about when individuals, communities and society give mental health a higher position on their scale of values. The principle of policy coordination calls for improved communication, coordination and consensus among all relevant agencies. This includes the public sector, business and industry, the professions and the voluntary sector.

The many factors affecting mental health can never be comprehensively addressed using a narrow or fragmented approach; specialists and specialized agencies working alone cannot hope to meet the mental health needs of Canadians. For example, the implementation of an Employee Assistance Program in a large industry does not remove the need to ensure that working conditions and policies are conducive to mental health. Similarly, improving and expanding publicly funded mental health programs does not eliminate the responsibility to consider the mental health effects of all government policies and programs, wherever they originate. Departments and agencies that deal with areas as seemingly disparate as income security, employment, criminal justice, labour and education must all see to it that mental health is accorded a proper place on their agendas.

It is only natural - and *Achieving Health for All* points this out - that there will be conflicting interests to deal with as Canadians seek to tackle the many issues involved in mental health promotion. Putting the principle of policy coordination into action means ensuring that all sectors work together to develop mental health policies that are integrated, consistent and coherent.

# V CONCLUSION

The protection and promotion of mental health should be a matter of compelling priority for every community in Canada. We believe that the ideas presented here will help both individuals and organizations to define that priority more precisely, and to shape comprehensive and coordinated responses.

In this discussion paper, we have built on contemporary concepts of health to develop a new, broader definition of mental health, viewing it as the capacity of the individual, the group and the environment to interact effectively with one another. We have argued, moreover, that the presence or absence of mental disorder is merely one determinant of mental health thus broadly defined. We have also revisited, from a mental health perspective, the three major health challenges identified in *Achieving Health for All*. Finally, we have proposed a series of principles to guide the development and review of mental-health-related policies and programs in Canada.

Mental health issues are of unquestionable importance to our collective and individual lives. As such, they call for intense reflection and analysis and vigorous policy initiatives by all sectors in our society. We offer the present document as a contribution to this process.